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SUMMARY RECORD OF THE 620th MEETING

Held at the Palais Wilson, Geneva,
on Wednesday, 17 May 2000, at 3 p.m.

Chairperson: Ms. OUEDRAOGO

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GE.00-42330 (E)

The meeting was called to order at 3.05 p.m.

CONSIDERATION OF REPORTS OF STATES PARTIES (agenda item 4) (continued)

Initial report of Georgia (CRC/C/41/Add.4/Rev.1; HRI/CORE/1/Add.90; CRC/C/Q/GEO/1; CRC/C/1(future)5) (continued)

1. At the invitation of the Chairperson, the members of the delegation of Georgia resumed places at the Committee table.

2. Mr. FULCI asked for further information on measures taken by the Government to promote universal access to health services, especially for children. Were there any plans to increase the amount allocated to health services as a percentage of gross domestic product (GDP)? What measures had been taken or were planned to improve education relating to the benefits of breastfeeding and to promote the rehabilitation and social integration of disabled children? The number of children in institutions for the disabled had reportedly declined in recent years, presumably because of worsening conditions in such institutions.

3. Ms. RILANTONO, referring to the problems encountered in providing access to basic health care owing to poor economic conditions, expressed concern about the lack of availability of vaccines. She asked which vaccines for preventable diseases were produced in Georgia, and whether the country was receiving assistance from the United Nations or from other foreign sources in acquiring vaccines. How did the health services go about carrying out periodic campaigns against preventable diseases? What measures was the Government taking against malnutrition, and how serious was that problem? The Government had referred to a national adolescent health policy for the period 1999-2001, but had furnished no data on pregnancy, abortion, HIV/AIDS, sexually-transmitted diseases (STDs), drug use, violence and mental health among teenagers. She would appreciate information on those points.

4. Ms. MOKHUANE asked whether the Government had carried out any studies of the quality of health care for young children. Had the situation improved in recent years? The Committee had not received sufficient data on the number of young people affected by STDs. What was the Government's position in relation to the possibility of making contraceptive devices more accessible to young people so as to reduce reliance on abortion as a form of contraception? Advertising for alcohol and cigarette consumption was still permitted in the media, and the Government had reportedly taken no measures against it. How was public health promotion carried out in Georgia, and what were its results?

5. Ms. KARP asked whether the Government had established a long-term, budgeted plan to increase access to health care in mountainous regions. Was the referral system to combat maternal mortality being applied throughout the country or only in selected areas and were there plans to extend it? The delegation cited proposed legislation concerning children's access to medical treatment in the absence of parental consent. How did that legislation take into account

the needs of teenagers and younger children for counselling and treatment in such circumstances? Under the new law on abortion, did a pregnant adolescent require her parents' consent to obtain an abortion? How did the Government ensure that her interests were upheld and that she was not left without proper support?

6. She asked whether specialized services existed for the treatment of children who were victims of sexual abuse. Studies had shown that many sexual offenders had in their own youth been subjected to sexual abuse, and it was currently assumed that early treatment of such victims could prevent problems later in life. The treatment of victims of sexual abuse was a field which required know-how, manpower and infrastructure. She would also like to know whether there were special sections in hospitals dedicated to the mental health care of children? Was provision made for involving the children and hearing their points of view when the decision was taken, for instance by their parents, to hospitalize them?

7. Ms. TIGERSTEDT-TAHTELA asked for clarification of the "insurance principle" referred to in the written replies. Was the medical assistance provided under that system funded through a private insurance scheme or was it State-subsidized, and was the scheme administered privately or by the State? What groups were covered, and what sort of premiums were paid by the patient? Was the health insurance policy covering the 45,000 pregnant women referred to in paragraph 59 of the written replies the same as the one mentioned in paragraph 54? What sort of benefits did the women receive when they gave birth? The initial report described a private health insurance scheme for children between 1 and 14 years of age. Was entitlement to that insurance coverage an individual right of the children, or did it depend on their parents' rights? The report also mentioned maternity leave, but it did not explain how such leave was financed. Did the employer pay for the leave, or was there an insurance scheme?

8. Mr. DOEK noted that paragraph 76 of the written replies stated that the incidence of STDs and the number of abortions among minors had been increasing. Did that mean that existing programmes were not sufficiently reaching out to minors, or were there other problems in conveying information on STDs to young people? What methods were currently being used, and had they been reassessed in the light of the worsening of the problem?

9. Ms. EL GUINDI, noting the high percentage of disabled children in Georgia, asked whether the Government had adopted a programme or policy to prevent such disabilities.

10. Mr. RABAH inquired about the status of implementation of the national plan to improve the well-being of children referred to in paragraph 213 of the initial report. Were medical centres and hospitals for children available and accessible to children in rural areas?

11. The CHAIRPERSON, noting the high rate of accidents among Georgian youth and the probable effect of alcohol and drug use in that regard, asked whether the Government had conducted any accident prevention campaigns for that group or carried out studies on the subject.

12. Mr. GAMKRELIDZE (Georgia) acknowledged that health services were currently not available to everyone in Georgia and explained that the problem was intricately linked to the social and economic development of the country. When Georgia had formed part of the Soviet Union, the Government's annual per capita spending on health had been the equivalent of

approximately $150. With the collapse of the Soviet Union and the economic crisis of 1992-1994, that figure had fallen to less than half a dollar. Although health care had officially been free at that time, in reality it had become a pay service accessible only to those who could afford it. The Government had in August 1995 begun a reform of the health-care system, which entailed a recognition by the State that it could cover only some of the population's requirements. The rest of the medical care would have to be financed directly by patients or private funding. Since 1995, per capita spending on health had steadily risen from 46 cents to about 10 dollars per year, which he acknowledged was still quite low. According to criteria established by the World Health Organization (WHO), if a Government spent less than that amount on the health of its population, it should carry out only preventive programmes such as vaccination campaigns.

13. Government spending on health came through two channels: federal and municipal programmes. The federal budget had initially covered four programmes: tuberculosis control; mental health; mother and child health and health care for extremely disadvantaged groups. In 1996 a State health insurance scheme had been introduced, and a law on insurance had been enacted in 1997. As from that time, a State medical insurance scheme had been in operation. It was funded by payroll contributions of 3 per cent from employers and 1 per cent from employees. However, the 4 per cent thus collected amounted only to about $8 million per year, while the actual cost of the mother and child health programme alone totalled some $13 million. The State was therefore responsible for subsidizing approximately two thirds of the budget for the medical insurance scheme. Due to the country's economic problems, however, the State was not always able to meet its financial obligations. It was currently covering only about 70 per cent of its portion of the costs.

14. In 1999 the Government, working with the WHO Regional Office for Europe, had adopted a 10-year strategic national health plan. State health spending was currently under 1 per cent of GDP. However, State spending on health represented just one fifth of the total health spending in Georgia. One of the objectives of the plan was gradually to increase Government spending on health to cover the total spent on health, in other words to about 4 per cent of GDP by 2004, and to 6 per cent by 2009. Annual per capita spending would thus reach about $100 by 2009. That level would be somewhat lower than the one prevailing in 1990, and was certainly not very high in comparison with Western standards. However, it was hoped that improvements in medical care and increased efficiency would make it possible to meet the basic objective, which was to ensure general access to health care. It was estimated that the basic package of Government-funded health care currently covered about 15 to 20 per cent of needs.

15. The main priority of the national health plan had been assigned to mother and child health care. As a result, Georgia's very high maternal and infant mortality rates had already begun to improve. The federal Government was funding programmes for safe motherhood and childbirth, and was covering all medical expenses of children from birth through the age of three. Municipal programmes covered emergency care for children from 3 through the age of 14. Unfortunately, not all municipalities were able to provide complete coverage, and families sometimes had to pay for up to 30 per cent of the cost of treatment. There was a plan for all municipal programmes to provide comprehensive coverage for the 3-14 age group by 2001.

16. People in rural and urban areas enjoyed the same access to health care, which was currently limited owing to budgetary constraints. Outpatient services were funded by the federal Government, and the same resources were allocated to rural and urban health centres. The only difference in the provision of treatment stemmed from disparities in medical coverage between municipalities. No vaccines were produced in Georgia, which had to purchase them from foreign sources. In that regard, he wished to express gratitude to the United Nations Children's Fund (UNICEF) for its financial support which had made it possible in the past seven years to cover the country's compulsory vaccine needs, and to the Japanese Government for helping to ensure that the cold chain functioned properly. The Hepatitis B vaccine was currently available and administered throughout the country, and discussions were continuing with donor countries to extend the vaccination system.

17. Between 1995 and 1999 a special educational programme funded by non-governmental organizations (NGOs) including UNICEF had resulted in a 9 per cent increase in breastfeeding. Concerning disabled children, he referred the members to information already provided by his delegation. A special Presidential programme for disabled persons had begun in 1997; it included projects for disabled children, one of which treated some 200 victims of cerebral palsy. There was a specialized section of the university hospital in Tbilisi for children with disabilities and rare diseases.

18. Parliament had recently adopted a comprehensive law governing abortions, which set out regulations for teenagers who wished to terminate a pregnancy. Some of the implementing legislation was still being adopted. Parental consent was required for teenagers to have abortions. Psychiatry was divided into two main services: general psychiatry and child psychiatry. There was a central psychiatric institute which included a well-equipped service for children suffering from mental illness. Georgian staff in that field were highly qualified, and the psychiatric institute was well known. Psychiatric services for children, like all psychiatric services, were fully financed by the State. The employer covered the cost of maternity leave.

19. The problem of malnutrition reflected the problem of nutrition in general in Georgia. A special monitoring and diagnostic programme was in place but treatment of children with, for example, iron deficiency would require some 10 million lari.

20. No cases of AIDS in children had been found among the 123 registered cases in Georgia. The main vector of transmission was intravenous drug use. Preventive programmes had been put in place by the State but treatment of AIDS or STDs in general was not possible owing to the lack of financial resources.

21. As in all developing countries, the rate of tobacco and alcohol use among young people was high. A presidential decree had recently been issued limiting cigarette smoking and tobacco advertising in State institutions, beginning with medical institutions. Educational programmes had been started, as well as a multisectoral "Health for Life" programme involving a number of ministries.

22. There was no specialized service catering specifically for the victims of sexual crimes, but they could avail themselves of the psychological support and consultation facilities offered by both governmental and non-governmental agencies.

23. In reply to a question by Ms. Karp, he said that new legislation had been enacted to provide free primary health care in mountainous regions, which made up two thirds of Georgia's territory and where 500,000 people lived. However, the funds allocated by Parliament would not yet cover free medicine.

24. Children could not receive treatment without their parents' consent, in accordance with general health legislation, which required the consent of a patient before medical procedures could be carried out. Legislation on patients' rights had recently been enacted, and a bill on the liability of medical personnel was in preparation.

25. Ms. MOKHUANE asked how sustainable such a wide range of programmes was, in view of the shortage of financial resources, personnel and equipment, and how the programmes were coordinated. Concerning environmental health, there was evidence of a deterioration in sanitation provision; she wondered whether a strategy was in place to address that problem.

26. Mr. GAMKRELIDZE (Georgia) said that programmes had been prepared at the international rather than the national level, with the help of the international community and intergovernmental agencies. The State was able to provide only 70 per cent of the required finance and the programmes met only some 20 per cent of the population's needs.

27. Sanitation provision had certainly deteriorated as compared with the 1980s, like all the other health indicators in Georgia, but since 1997 the situation had stabilized somewhat and it was hoped that it would now begin to improve.

28. Mr. FULCI, turning to the question of children deprived of a family, said that, according to Georgia's report, there were 8,000 children aged between 3 and 18 in special institutions. At the same time, an estimated 2,500 children lived on the streets in Tbilisi, partly owing to abandonment but mainly because of the inefficiency of the alternative care system. Such children were extremely vulnerable to abuse, violence and crime, and there was a feeling that the Government did not provide adequate protection for those children.

29. He wondered whether there were any plans to introduce a code of standards for children's institutions and whether any increase in funding levels was envisaged. What was the Government planning to do about the street children?

30. With regard to adoption, he wondered what criteria were used in placement, monitoring, evaluation and follow-up in domestic adoption and what countries took Georgian children who were adopted abroad.

31. With regard to special protection measures, he asked whether Georgia envisaged enacting domestic legislation to protect the rights of unaccompanied children who requested asylum, especially those coming from South Ossetia and Abkhazia.

32. Mr. DOEK asked whether there was any policy to prevent the institutionalization of children in care, by placing them with foster families or relatives, or through other alternative arrangements.

33. According to the report, children were sometimes adopted abroad directly from maternity homes. Did that mean no court procedure was involved? The report also mentioned the possibility of changing an adopted child's place and date of birth in order to preserve confidentiality. How did that fit with the right of the child to know its identity?

34. Lastly, he asked whether there was a comprehensive policy to deal with child abuse within the family, including, for example, reporting mechanisms or treatment.

35. Ms. RILANTONO, following up Mr. Fulci's question, asked whether, in institutions where standards did exist, there was also an independent complaints mechanism. She would welcome more information on the legislation on foster care which the Georgian delegation had mentioned.

36. In view of the enormous problem of health care and the fact that the State financed all pre-school and primary education, she wondered how the policy of dividing the budget allocations between education and health was coordinated. What was the educational dropout rate and what infrastructure existed to deal with that?

37. Ms. KARP noting that parental consent was needed before an abortion could be performed, asked whether a girl might be obliged to carry a baby to term against her will. If so, to what extent could she be said to have control over her own body and her own future? What provision was made in the legislation for counselling and treatment in areas where a young person did not wish parents to be involved?

38. The policy of de-institutionalization seemed to risk turning into a vicious circle: many children who ran away from institutions ended up living in the street, yet part of the programme to deal with street children involved sending them to institutions. How could that problem be solved?

39. She asked for more information on the recently enacted legislation on the protection, development and social adaptation of minors, and on the role of the Inspectorate for Minors' Affairs. The written replies did not mention any periodic review of institutions and she wondered whether that was a standard procedure.

40. Sexual exploitation of children was apparently on the rise in Georgia: had any programmes been developed to deal with it? It seemed that protection of children extended only to the age of 16, and she wondered what age of sexual consent was proposed in the new legislation. The Stockholm Declaration and Programme of Action recommended that children should be protected up to the age of 18 and that it should be an offence to be a client of a child prostitute. It also established the principle that sexually exploited children should not be criminalized, yet paragraph 78 of the written replies referred to 48 children being detained for prostitution - was child prostitution in fact an offence in Georgia?

41. Lastly, she asked what efforts were being made to return internally displaced persons to their homes as opposed to caring for them in the places they had moved to.

42. Mr. RABAH asked whether there were plans to enact legislation specifically for young offenders, whose numbers were rising precipitately and most of whose crimes appeared to be economically motivated. He asked for an explanation of why children aged 14-17 were subject to violence and sexual abuse in police stations and were, by court order, sometimes detained with adults. Did they receive assistance from social workers for a return to normal life? How many young offenders in Georgia were girls? Were there special rehabilitation centres for them?

43. Ms. MOKHUANE asked what progress had been achieved by the project for children's institutions conducted jointly by the Government together with UNICEF and a British NGO, and what constraints had been encountered. She had heard reports that existing institutions were not child-friendly. Was the Government doing anything to improve them pending their closure in connection with the de-institutionalization process and the enactment of the law on foster care? Since the bulk of social welfare, education and health appeared to be funded by the local authorities, she wished to know whether the latter received any grants from the central Government.

44. Ms. TIGERSTEDT-TÄHTELÄ said she was disappointed to note that Georgia had hardly progressed from a State-centred health-care system. She asked to what extent NGOs worked in tandem with the State in care institutions and the precise role local authorities played in their management.

45. Ms. BERIDZE (Georgia), replying to questions raised at the previous meeting, said tobacco and alcohol advertising aimed at children was strictly prohibited and shops selling such products were forbidden to establish themselves fewer than 100 metres from schools. However, a very low level of uncontrolled sales of those substances was still recorded. Similarly, while children could not be fully protected from television violence, a campaign was under way and the problem would also be alleviated when the new law came into effect. In reply to Ms. Tigerstedt-Tähtelä, she explained that a high-level constitutional body regulated human rights, in particular respect for the rights and freedoms of the individual. The National Security Council on Human Rights of Georgia, instituted by the President - of which she herself was Deputy Secretary - was empowered to investigate and censure human rights violations in any institution and could approach any official of the executive branch to that effect. Georgia also reported to the treaty bodies governing the conventions to which it had acceded.

46. In reply to a question by Mr. Doek, she said children could appear as witnesses in court, provided they were accompanied by their legal representative. In the event of divorce, parents could decide amicably who would keep the child and who would pay child support. Although custody was traditionally granted to the mother, if a child of 10 expressed the wish to stay with the father, the child's best interest always prevailed. Under the Constitution, a person of 18 was entitled to organize demonstrations and play an active role in political life, which did not mean that a child under 18 could not participate in such events.

47. The only discrimination that occurred in divorce proceedings was positive discrimination in favour of the woman, with the child's best interests in mind. A childless couple could seek a divorce through the relevant State offices, while a couple with a child were obliged to do so in a court of law. Concerning protection of children from the adverse influence of religious sects, the Constitution firmly recognized separation of Church and State. Although the official religion

was the Russian Orthodox Church, with Georgia's age-old tradition of tolerance, many religious communities were mushrooming throughout the country, and the problems they entailed would be regulated by forthcoming legislation.

48. Replying to a question by Mr. Rabah, she said all children enjoyed equal access to education regardless of their language. Although Georgian was the official State language, education was also imparted in Abkhaz and other languages. The entire population had the right to promote its own language and culture. In a court of law the State was obliged to pay for an interpreter if one was needed and to translate, on request, all relevant documents into the language of the accused. A Government programme of instruction in Georgian had been launched and all generations were attempting to learn the language, unlike the situation when Russian had been the lingua franca among all the country's constituent parts. Georgia had joined the Council of Europe in 1999 and had already begun preparatory work for accession to the European Charter for Regional or Minority Languages.

49. Replying to questions by Ms. Karp, she said an abortion could not be performed on a pregnant girl without her consent. From the age of 10, each child had the right to his or her own views. If, however, the girl's life was endangered a hazardous operation could not be performed without parental consent. That having being said, it was the girl who decided whether to continue or terminate her pregnancy. While she agreed that the age at which a child could consult a doctor without parental consent should be lowered to 15, should a serious operation become necessary it would be necessary to seek parental consent.

50. While she shared the view that proper legislation was required for regulating the problem of unaccompanied refugee children - many of them Chechen, in addition to Georgia's own displaced persons - they were nonetheless supported at every level of the State and even assisted by the community as a whole. The age of sexual consent was another area that called for clear legislation.

51. Mr. TATISHVILI (Georgia), replying to a question by Mr. Fulci, said there were 10 child-care institutions, in addition to 3 boarding facilities, accommodating 620 children. With UNICEF and NGO assistance rehabilitation centres had been built in Tbilisi and Gurjaani for street children, of whom there were 2,000 in Georgia. Some 300 had been listed in rehabilitation centres in 2000. A 1997 presidential decree had instituted the new profession of social workers, who were being trained with international assistance, in connection with a major programme for the de-institutionalization of children. While conditions were not totally adequate, measures were in place to improve them.

52. In reply to a question concerning increased allocations to children's institutions, he said a recent UNESCO report had placed Georgia at the bottom of all the countries of the former Soviet Union in 1995-96. With subsequent increases, 70-80 per cent of total budget resources currently went to education. The amount in absolute terms was still derisory even though it had increased twentyfold since 1990. Current allocations barely sufficed for the payment of salaries and the most basic materials. He hoped the Ministry of Education would pay more attention to

the problem, especially for children in institutions. Many programmes in the country had been initiated by recent presidential decree, the latest of which provided central funding for children's institutions to assist the hard-pressed local bodies. However, new difficulties had subsequently arisen to exacerbate an already sensitive issue.

53. Adoption was treated with confidentiality. If parents were required to inform an adopted child of its situation at the age of 6, domestic adoptions, at the very least, would virtually come to a standstill. He asked Committee members to take the country's traditions into account. The Ministry of Education was the central body for regulating international adoptions. There had been 192 such adoptions in the past six years, and of the 18 in 1999, 15 had been "direct" adoptions: the adoptive parents fetched the child directly from the maternity home, although a court procedure was required. Intercountry adoptions had declined in Georgia because, with the country's 30,000 childless families, Georgians were given precedence for adoption so that children could remain in their country, in accordance with the Hague Convention on Protection and Co-operation in Respect of Intercountry Adoption.

54. There were 40,000 refugee and displaced children in Georgia, 96 per cent of whom attended school and, by presidential decree, received free education and textbooks, although they did live in difficult circumstances. The United States, Canada and France were the main countries of adoption of children from Georgia. Those nationalities tended to apply directly for adoption and there were 11 registered agencies in the country which dealt with intercountry adoptions.

55. Children were often used for pernicious purposes and Georgia possessed legislation to prevent any form of exploitation of others, including persistent begging. As approximately 40 lari a day could be earned by begging, it was important that the authorities also brought moral influence to bear.

56. Replying to Ms. Rilantono, he said that complaints were dealt with at all levels of Government. Concerning education, emphasis had hitherto been placed on pre-school and primary education, which was provided free of charge to all children through the ninth grade and to 70 per cent of children in the tenth and eleventh grades. A law enacted by presidential decree would make secondary education free for all by 2002 and not, as currently, only for displaced children, children living in mountain and border areas and those in Tbilisi and Kutaisi. The Government wished education to be free for all children at all levels, concerned as it was at the recent increase in the primary school drop-out rate, often as a result of parental pressure on children to contribute to household income.

57. Regarding the question of street children, a special four-year programme had been introduced at the initiative of the office of the President, involving representatives of the relevant ministries and departments and of NGOs. It was designed to address a number of different problems faced by street children.

58. Inspectors from foreign countries and international organizations had praised the content of the programme for reform of the education system, but had said that the aims of the programme were somewhat ambitious given the insufficient funds available to implement it. However, the World Bank had recently allocated a large sum of money for education reform in

Georgia which was to be spread over a period of 10 years. A seminar had recently been held in cooperation with the United Nations Children's Fund (UNICEF), at which a large variety of issues relating to children and the family had been discussed.

59. Regarding centralization in the education system, many responsibilities had been transferred from the Ministry of Education to local authorities. The Ministry of Education was responsible for monitoring the implementation of legislation on education and for areas such as standardization and training, whereas school management was the responsibility of local authorities.

60. Ms. BERIDZE (Georgia) said that child prostitution was a matter of great concern and that steps were being taken to prevent it. Measures had also been introduced to monitor the health of street children and to provide them with free treatment for sexually transmitted diseases. It was a criminal offence to involve children in prostitution.

61. Regarding the justice system for minors, she said that an entire chapter of the Code of Criminal Procedure dealt with offences committed by minors and provided for the protection of minors during legal proceedings. It also provided that investigations of juvenile offences were to be conducted by specially-trained judges. Reform of the legal system was under way, and there was a new requirement that those training to be judges had to take a special examination in juvenile law. The most recent data available showed that the number of offences committed by minors had fallen over the past two years. Some juvenile offenders were sent to special colonies; however, in most cases, the courts tried to avoid imprisoning minors. Instead, efforts were made to rehabilitate juvenile offenders by enabling them to continue their education and by providing support for them through social workers. There were also offices responsible for the rehabilitation of child offenders in each region and within the Ministry of the Interior.

62. Schoolchildren had the right to participate in the administration of their school through student councils and were also represented on teacher councils.

63. Mr. TATISHVILI (Georgia) said that reviews of institutes for young people, such as boarding schools and children's homes, were carried out every three years by various bodies involved in that field. The results of the reviews were transmitted to the Ministry of Education.

64. The CHAIRPERSON invited the members of the Committee to put follow-up questions to the delegation.

65. Mr. DOEK reiterated his previous question about whether the Government had a policy aimed at dealing with the serious problem of abuse and neglect within the family, including corporal punishment. He would also like to know whether the Government had considered ratifying the Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption and whether there was any provision in Georgia for dealing with juvenile delinquents outside the court system, for example by requiring them to perform community service.

66. Ms. KARP, taking up Mr. Doek's question on abuse within the family, asked whether the State party had considered conducting a study on the subject. She said that the number of sexual offences cited in the written replies was unrealistically low and led her to believe that victims were reluctant to report such offences. An appropriate reporting mechanism was needed, and attention should be paid to the needs of victims so that they would not be afraid to come forward. Such a mechanism was especially important for children abused by a parent, because they remained dependent on their parents.

67. She thought that her question regarding the review of children in institutions had been misunderstood. She would like information not on the monitoring of the institutions themselves, but on the type of assessments carried out to monitor the development of children in those institutions.

68. Referring to paragraph 78 of the written replies, she asked whether the 48 adolescents found guilty of engaging in prostitution had been prostituting themselves or involving others in prostitution, as it had been stated that child prostitutes themselves were not regarded as offenders. She reiterated her question about internally displaced persons and requested more information about the inspectorates for minors' affairs mentioned in the written replies.

69. Ms. BERIDZE (Georgia) said that increased attention was being paid to the problem of abuse within the family and that an action plan had been adopted in February 2000 to combat domestic violence, draft legislation on the subject, provide assistance to victims and raise public awareness of the problem. Violence against women was more prevalent in Georgia than child abuse; the number of cases of sexual abuse of children was very small and the few cases that did occur caused profound shock among the public. Regarding the figure of 48 adolescents found guilty of engaging in prostitution, there seemed to have been a misunderstanding arising from the English translation of the written reply. The meaning intended in the Russian version was merely that 48 adolescents had been identified as involved in prostitution, not that they had been convicted.

70. Discussions were being held on the possibility of adopting the Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption.

71. Regarding the problem of internally displaced persons from Abkhazia and Ossetia, a number of United Nations resolutions had recognized that those regions formed part of Georgian territory. Negotiations with both regions were continuing, with the assistance of international organizations and friendly countries, to seek a political solution to the outstanding contentious issues. Many of the displaced persons from Abkhazia were eager to return to their homes, even though efforts had been made to ensure that they had a basic income and decent housing in the area to which they had been forced to move. Once the political situation was resolved, Georgia would need international assistance to facilitate the return of such people to their homes.

72. The CHAIRPERSON invited Ms. Karp, the Country Rapporteur, to present preliminary conclusions on the discussion with the delegation of Georgia.

73. Ms. KARP thanked the members of the delegation for their detailed answers to the Committee's questions. The Committee's insistence on certain issues should be taken as a

constructive attempt to advise on ways to improve the situation of children in Georgia; she welcomed the State party's evident political will to achieve that end. The question of budget allocations was particularly important because money spent on children at the early stages of their development constituted an investment for the future.

74. It was important to remember the fundamental idea underlying the Convention as a whole, that the child was the bearer of rights. Children's own views of their needs should therefore be taken into account in all action taken for their benefit. In addition, the Convention was a holistic document and should be implemented in a coordinated manner rather than by dealing with each article as a separate entity. She wished the children of Georgia all the best and expressed the hope that the dialogue with the Committee would be publicized on the delegation's return to Georgia.

75. Ms. BERIDZE (Georgia) thanked the Committee for the constructive spirit in which the dialogue had been conducted.

76. The CHAIRPERSON expressed appreciation for the useful discussion and encouraged the State party to continue its efforts to enhance the rights of children.

The meeting rose at 6 p.m.